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AMENDMENT TRANSMITTAL LETTER		CLIENT-MATTER NO.: 67234-056	
SERIAL NO: 09/513,362	FILING DATE: February 25, 2000	EXAMINER: T. Strzelecka	GROUP ART UNIT: 1643 CONFIRMATION NO.: 7034
INVENTION: NUCLEIC ACID SEQUENCING USING MICROSPHERE ARRAYS			

TO: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

CERTIFICATE OF MAILING BY "EXPRESS MAIL"
"EXPRESS MAIL" MAILING LABEL NUMBER: EV 400 550 967 US
DATE OF DEPOSIT: November 3, 2003

I HEREBY CERTIFY THAT THIS PAPER OR FEE IS BEING DEPOSITED
WITH THE UNITED STATES POSTAL SERVICE "EXPRESS MAIL POST
OFFICE TO ADDRESSEE" SERVICE UNDER 37 CFR 1.10 ON THE DATE
INDICATED ABOVE AND IS ADDRESSED TO COMMISSIONER FOR
PATENTS, P.O. BOX 1450, ALEXANDRIA, VIRGINIA 22313-1450.

CHRISTINE MORACE
Printed Name of Person Mailing Paper or Fee

Christine Morace
Signature of Person Mailing Paper or Fee

Transmitted herewith is a Response to the Office Action mailed May 2, 2003, in the
above-identified application.

- ☒ Small Entity status of this application has been established under 37 CFR 1.27.
- ☒ Petition for Extension of Time is enclosed (in duplicate).
- ☐ Terminal Disclaimer with fee under 37 C.F.R. 1.20(d) is enclosed.
- ☐ No additional claims fee is required.
- ☒ An additional claims fee is required and has been calculated as shown below:

CLAIMS AS AMENDED

	NUMBER AFTER AMEND- MENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	NUMBER OF EXTRA CLAIMS PRESENTED		RATE			FEE	
					SMALL ENTITY	OTHER ENTITY		SMALL ENTITY	OTHER ENTITY
TOTAL CLAIMS	46	- 45	- 1	x	\$9	\$18	=	\$9.00	\$
INDEPEN- DENT CLAIMS	4	- 6	- 0	x	\$42	\$84	=	\$0.00	\$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		YES	X NO		\$140	\$280	=	\$0.00	\$
					TOTAL ADDITIONAL FEE			\$9.00	\$

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

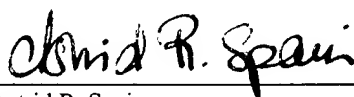
*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.

- ☒ Please charge my Deposit Account No. 502624 the amount of \$484.00, \$9.00 of which covers the additional claims fee and \$475.00 of which covers the fee for the first presentation of multiple dependent claims.

Inventors: Chee and Stuelpnagel
Serial No.: 09/513,362
Filed: February 25, 2000
Page 2

X The Commissioner is hereby authorized to charge to Deposit Account No. 502624 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

A handwritten signature in black ink, reading "Astrid R. Spain", is written over a horizontal line.

Astrid R. Spain
Registration No. 47,956

McDERMOTT, WILL & EMERY
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